



February 8, 2013

HOUSE BILL No. 1465

DIGEST OF HB 1465 (Updated February 6, 2013 7:48 pm - DI 77)

Citations Affected: IC 35-48; noncode.

Synopsis: INSPECT program. Provides that a controlled substance that is included in schedule V and is a prescription drug may not be dispensed without a written, electronic, or oral prescription. Provides that the controlled substances registration fees must be deposited into the controlled substances data fund. (Current law requires the deposit of 16% of the fees into the fund.) Establishes the INSPECT interim study committee.

Effective: July 1, 2013.

Davisson, Kubacki, Morris, Moed

January 22, 2013, read first time and referred to Committee on Public Health.
February 7, 2013, amended, reported — Do Pass. Referred to Committee on Ways and Means pursuant to Rule 127.

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HB 1465—LS 6847/DI 77+



February 8, 2013

First Regular Session 118th General Assembly (2013)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2012 Regular Session of the General Assembly.

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HOUSE BILL No. 1465

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 35-48-3-9, AS AMENDED BY P.L.174-2011,
2 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2013]: Sec. 9. (a) Except for dosages medically required for
4 a period of not more than forty-eight (48) hours that are dispensed by
5 or on the direction of a practitioner or medication dispensed directly by
6 a practitioner, other than a pharmacy, to an ultimate user, no controlled
7 substance in schedule II may be dispensed without the written or
8 electronic prescription of a practitioner.
9 (b) In emergency situations, as defined by rule of the board,
10 schedule II drugs may be dispensed upon oral prescription of a
11 practitioner, reduced promptly to writing and filed by the pharmacy.
12 Prescriptions shall be retained in conformity with the requirements of
13 section 7 of this chapter. No prescription for a schedule II substance
14 may be refilled.
15 (c) Except for dosages medically required for a period of not more
16 than forty-eight (48) hours that are dispensed by or on the direction of
17 a practitioner, or medication dispensed directly by a practitioner, other

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1 than a pharmacy, to an ultimate user, a controlled substance included
 2 in schedule III, ~~or~~ IV, ~~or~~ V which is a prescription drug as determined
 3 under IC 16-42-19, shall not be dispensed without a written, electronic,
 4 or oral prescription of a practitioner. The prescription shall not be filled
 5 or refilled more than six (6) months after the date thereof or be refilled
 6 more than five (5) times, unless renewed by the practitioner.
 7 Prescriptions for schedule III, IV, and V controlled substances may be
 8 transmitted by facsimile from the practitioner or the agent of the
 9 practitioner to a pharmacy. The facsimile prescription is equivalent to
 10 an original prescription to the extent permitted under federal law.

11 (d) A controlled substance included in schedule V shall not be
 12 distributed or dispensed other than for a medical purpose.

13 SECTION 2. IC 35-48-7-13.1, AS ADDED BY P.L.65-2006,
 14 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2013]: Sec. 13.1. ~~(a) This section applies after June 30, 2007.~~

16 ~~(b)~~ **(a)** The controlled substances data fund is established to fund the
 17 operation of the INSPECT program. The fund shall be administered by
 18 the Indiana professional licensing agency.

19 ~~(c)~~ **(b)** Expenses of administering the fund shall be paid from money
 20 in the fund. The fund consists of grants, public and private financial
 21 assistance, and ~~sixteen percent (16%)~~ of the controlled substances
 22 registration fees imposed under rules adopted under IC 35-48-3-1.

23 ~~(d)~~ **(c)** The treasurer of state shall invest the money in the fund not
 24 currently needed to meet the obligations of the fund in the same
 25 manner as other public money may be invested.

26 ~~(e)~~ **(d)** Money in the fund at the end of a state fiscal year does not
 27 revert to the state general fund.

28 SECTION 3. [EFFECTIVE JULY 1, 2013] **(a) As used in this**
 29 **SECTION, "committee" refers to the INSPECT interim study**
 30 **committee established by subsection (b).**

31 **(b) There is established the INSPECT interim study committee.**
 32 **The committee shall study and make recommendations concerning**
 33 **the following:**

34 **(1) Potential enhancements to the INSPECT (as defined by**
 35 **IC 35-48-7-5.2) program, including real time reporting of**
 36 **collected information, reporting of criminal convictions for**
 37 **crimes involving controlled substances and illegal drugs, use**
 38 **of the NARx Check system, and requiring health care**
 39 **practitioners who prescribe medications to use the INSPECT**
 40 **program and other information that would assist health care**
 41 **practitioners.**

42 **(2) The beneficial effects and limitations for health care**

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- 1 practitioners, pharmacists, and law enforcement of each
- 2 potential enhancement studied in subdivision (1) with respect
- 3 to curbing controlled substance abuse.
- 4 (c) The committee shall operate under the policies and
- 5 procedures governing study committees adopted by the legislative
- 6 council.
- 7 (d) The committee consists of the following voting members:
- 8 (1) Two (2) senators, not more than one (1) of whom may be
- 9 a member of the same political party, appointed by the
- 10 president pro tempore of the senate in consultation with the
- 11 minority leader of the senate.
- 12 (2) Two (2) representatives, not more than one (1) of whom
- 13 may be a member of the same political party, appointed by
- 14 the speaker of the house of representatives in consultation
- 15 with the minority leader of the house of representatives.
- 16 (3) One (1) practicing emergency room physician appointed
- 17 by the governor.
- 18 (4) One (1) practicing primary care physician appointed by
- 19 the governor.
- 20 (5) The governor or the governor's designee.
- 21 The members appointed under subdivisions (3) and (4) may not be
- 22 members of the same political party.
- 23 (e) The affirmative votes of a majority of the members of the
- 24 committee are required for the committee to take action on any
- 25 measure, including final reports.
- 26 (f) This SECTION expires December 31, 2013.

COPY



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1465, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 1 through 17.

Delete page 2.

Page 3, delete lines 1 through 3, begin a new paragraph and insert:
 "SECTION 1. IC 35-48-3-9, AS AMENDED BY P.L.174-2011, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 9. (a) Except for dosages medically required for a period of not more than forty-eight (48) hours that are dispensed by or on the direction of a practitioner or medication dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance in schedule II may be dispensed without the written or electronic prescription of a practitioner.

(b) In emergency situations, as defined by rule of the board, schedule II drugs may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of section 7 of this chapter. No prescription for a schedule II substance may be refilled.

(c) Except for dosages medically required for a period of not more than forty-eight (48) hours that are dispensed by or on the direction of a practitioner, or medication dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a controlled substance included in schedule III, ~~or IV, or V~~ which is a prescription drug as determined under IC 16-42-19, shall not be dispensed without a written, electronic, or oral prescription of a practitioner. The prescription shall not be filled or refilled more than six (6) months after the date thereof or be refilled more than five (5) times, unless renewed by the practitioner. Prescriptions for schedule III, IV, and V controlled substances may be transmitted by facsimile from the practitioner or the agent of the practitioner to a pharmacy. The facsimile prescription is equivalent to an original prescription to the extent permitted under federal law.

(d) A controlled substance included in schedule V shall not be distributed or dispensed other than for a medical purpose."

Page 3, after line 18, begin a new paragraph and insert:

"SECTION 3. [EFFECTIVE JULY 1, 2013] (a) **As used in this SECTION, "committee" refers to the INSPECT interim study**

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committee established by subsection (b).

(b) There is established the INSPECT interim study committee. The committee shall study and make recommendations concerning the following:

(1) Potential enhancements to the INSPECT (as defined by IC 35-48-7-5.2) program, including real time reporting of collected information, reporting of criminal convictions for crimes involving controlled substances and illegal drugs, use of the NARx Check system, and requiring health care practitioners who prescribe medications to use the INSPECT program and other information that would assist health care practitioners.

(2) The beneficial effects and limitations for health care practitioners, pharmacists, and law enforcement of each potential enhancement studied in subdivision (1) with respect to curbing controlled substance abuse.

(c) The committee shall operate under the policies and procedures governing study committees adopted by the legislative council.

(d) The committee consists of the following voting members:

(1) Two (2) senators, not more than one (1) of whom may be a member of the same political party, appointed by the president pro tempore of the senate in consultation with the minority leader of the senate.

(2) Two (2) representatives, not more than one (1) of whom may be a member of the same political party, appointed by the speaker of the house of representatives in consultation with the minority leader of the house of representatives.

(3) One (1) practicing emergency room physician appointed by the governor.

(4) One (1) practicing primary care physician appointed by the governor.

(5) The governor or the governor's designee.

The members appointed under subdivisions (3) and (4) may not be members of the same political party.

(e) The affirmative votes of a majority of the members of the committee are required for the committee to take action on any measure, including final reports.

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(f) This SECTION expires December 31, 2013."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1465 as introduced.)

CLERE, Chair

Committee Vote: yeas 11, nays 0.

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